

650—6.3(153,147,22) Requests for access to records.

6.3(1) *Location of record.* In lieu of the words “Insert agency name and address”, insert “Iowa Board of Dental Examiners, 400 S.W. 8th Street, Suite D, Des Moines, Iowa 50309-4687”.

6.3(2) *Office hours.* In lieu of the words “Insert customary office hours and, if agency does not have customary office hours of at least thirty hours per week, insert hours specified in Iowa Code section 22.4”, insert “8 a.m. to 4:30 p.m. daily excluding Saturdays, Sundays, and legal holidays”.

6.3(7) *Fees.*

c. Supervisory fee. In lieu of the words “(specify time period)”, insert “one-half hour”.